

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKDOMINIQUE LUCAS
#08G0656

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

OFFICER ADIBOLO, OFFICER
ALEYNE-GOODEN, SGT.
ARNDT, SGT. RABIDEAU,
SGT. McDANIEL, OFFICER
TROTTER, SGT. McCORRYRECEIVED
SDNY PRO SE OFFICE
2016 OCT 11 AM 10:46

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☐ Yes ☐ No
(check one)

16CV7934

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

DOMINIQUE LUCAS08G0656BEDFORD HILLS CORRECTIONAL FACILITY247 HARRIS ROAD; BEDFORD HILLS, NY
10507

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Shield #

Where Currently Employed

Address

OFFICER ADIBOLOBEDFORD HILLS C.F.247 HARRIS RD.BEDFORD HILLS, NY 10507

Defendant No. 2

Name OFFICER ALENE-GOODEN Shield # _____Where Currently Employed BEDFORD HILLS C.F.Address 247 HARRIS RD
BEDFORD HILLS, NY 10507

Defendant No. 3

Name SGT. ARNDT Shield # _____Where Currently Employed BEDFORD HILLS C.F.Address 247 HARRIS RD.
BEDFORD HILLS, NY 10507

Defendant No. 4

Name SGT. RABIDEAU Shield # _____Where Currently Employed BEDFORD HILLS C.F.Address 247 HARRIS RD
BEDFORD HILLS, NY 10507

Defendant No. 5

Name SGT. McDANIEL Shield # _____Where Currently Employed BEDFORD HILLS C.F.Address 247 HARRIS RD.
BEDFORD HILLS, NY 10507

DEFENDANT NO. 6 OFFICER TROTTER
 DEFENDANT NO. 7 SGT. MCCOY > Same As Above

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

BEDFORD HILLS CORRECTIONAL FACILITY

B. Where in the institution did the events giving rise to your claim(s) occur?

113/MESSHALL TUNNEL, AND THE
ICP ROOM OFF OF 113 LOBBY

C. What date and approximate time did the events giving rise to your claim(s) occur?

JUNE 18, 2015 ; APPROXIMATELY 10:15-10:30pm

D. Facts: I WAS BEING ESCORTED BACK FROM KERRICK RECREATION BY C.O. ADIBOLO WHEN HE GOT IN FRONT OF ME AND PUNCHED ME IN MY FACE. BLOOD BEGAN DRIPPING FROM MY NOSE. HE PUNCHED ME IN MY MOUTH AND ~~AND~~ CAUSED ME TO BLEED FROM MY MOUTH. OFFICER ALENE-GOODEN, SGT. RABIDEAU, SGT. MCCOY, SGT. McDANIEL, SGT. ARNDT, AND C.O. TROTTER ALL CAME TO THE SCENE, AND THREW ME TO THE GROUND WHERE THEY WERE STOMPING ME AND KICKING IN MY BACK, HEAD, FACE AND BODY. THEY PUT A BAG OVER MY FACE, SHACKLES ON MY ANKLES THAT WERE SO TIGHT IT CUT OFF MY CIRCULATION & MADE MY ANKLES RAW. THEY STOOD ME UP AND MADE ME WALK WITH SHACKLES ON & THE BAG OVER MY FACE TO A ROOM OFF OF 113 LOBBY, KNOWN AS THE "BROOK" "ICP" ROOM. THERE, THEY GRABBED MY HEAD (THE BAG & MY HAIR) AND SMASHED MY FACE INTO THE DOOR FRAME, SO MY TEETH SHATTERED. I WAS POURING BLOOD FROM MY MOUTH & MY TEETH WERE IN THE BAG. AT THAT POINT, SGT. McDANIEL WAS THERE BECAUSE I HAD SEEN HIS FACE BEFORE THEY PUT THE BAG ON ME.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

MY TWO FRONT TEETH WERE SHATTERED. TEMPORARY CAPS WERE INSERTED, BUT THEY BOTH BROKE THE NEXT DAY AND WERE NEVER REPLACED. I HAD A SPRAINED LEFT RISK (X-RAYS ARE ON FILE AT MARCH).

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

BEDFORD HILLS CORRECTIONAL FACILITY

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? ASSAULT

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

BEDFORD HILLS & MARCY

1. Which claim(s) in this complaint did you grieve?

ASSAULT

2. What was the result, if any?

AFTER THE ASSAULT, I WAS SENT TO

MARCY (CENTRAL NY PSYCHIATRIC CENTER), WHERE I REMAINED FOR 4 MONTHS. WHEN I RETURNED, GRIEVANCE SUPERVISOR BROWN TOLD ME I COULD NOT FILE A GRIEVANCE WHILE OUTSIDE OF THE FACILITY.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I ATTEMPTED TO FILE A GRIEVANCE AT BEDFORD
WHEN I CAME BACK, BUT MR. BROWN TOLD ME
IT WAS TOO LATE, AND I COULD NOT FILE IT. I HAVE
A COPY OF THE GRIEVANCE I FILED. I SHOULD NOT BE
PUNISHED FOR BEATING AT MARCY, WHERE I WAS TOLD I

F. If you did not file a grievance:

COULDN'T FILE THE GRIEVANCE
OUTSIDE THE FACILITY, ALTHOUGH I TRIED.

1. If there are any reasons why you did not file a grievance, state them here:

EXPLAINED ABOVE

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: I FILED A TORT CLAIM, BUT IT WAS DENIED. I SPOKE TO CPT. P. ARIZ, WHO REVIEWED VIDEOTAPE OF THE INCIDENT, RELEASED ME FROM SHU, AND DISMISSED MY MISBEHAVIOR REPORT.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I CONTACTED PRISONERS LEGAL SERVICES AND THE INSPECTOR GENERAL'S (IG) OFFICE. IG REVIEWED THE TAPE AND TOLD ME THEY WERE INVESTIGATING IT, BUT NO ONE HAS BEEN FIRED FOR ASSAULTING ME. PLS TOLD ME THAT CENTRAL OFFICE HAS A COPY OF THE VIDEO.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

AN ORDER THAT DEFENDANTS VIOLATED MY 8th AMENDMENT RIGHTS.
PLAINTIFF REQUESTS TEN MILLION DOLLARS IN COMPENSATORY DAMAGES. FOR PHYSICAL INJURIES TO MY TEETH AND LEFT ARM, PLUS MENTAL ANGUISH IN ADDITION TO MY MENTAL ILLNESSES.

VI. **Previous lawsuits:**

On
these
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff DOMINIQUE LUCAS

Defendants STATE OF NEW YORK

2. Court (if federal court, name the district; if state court, name the county) COURT OF CLAIMS

3. Docket or Index number ~~126537~~ 126537

4. Name of Judge assigned to your case EILEEN FAZZONE

5. Approximate date of filing lawsuit AUGUST 2015 (APPROX)

6. Is the case still pending? Yes ☐ No ☒

If NO, give the approximate date of disposition APRIL 12, 2014

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) DISMISSED

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

DOMINIQUE LUCAS

Bedford Hills Correctional
Facility #0860656; 113D-19
P.O. Box 1000
Bedford Hills, NY
Lucas, D. 10507

fine 1.78
charge 6.00

Pro-Se
10/7/16
LW

BEDFORD HILLS
CORRECTIONAL
FACILITY

NEOPOST

10/04/2016

US POSTAGE \$001.78⁰

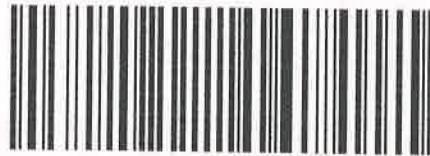


ZIP 10507
041M11272300



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7008 1830 0002 4692 1146

Clerk of Court
U.S. Courthouse
500 Pearl Street
New York, NY
10007-1312

USM_{P3}
SDNY

RECEIVED
SDNY PRO SE OFFICE
2016 OCT 11 AM 10:47

BEDFORD HILLS
CORRECTIONAL
FACILITY

NEOPOST

10/04/2016

US POSTAGE \$006.00⁰



ZIP 10507
041M11272300

Legal Mail